

*Effective 12/08/2004. Patent fees are subject to annual revision.*

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), &amp; (i))

☒ Applicant claims small entity status. See 37 CFR 1.27

|                                |             |
|--------------------------------|-------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> |
|--------------------------------|-------------|

**Complete if Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | 09/921,290          |
| Filing Date          | August 3, 2001      |
| First Named Inventor | David M. GOLDENBERG |
| Examiner Name        | Alana M. HARRIS     |
| Art Unit             | 1642                |
| Attorney Docket No.  | 40923-0079-US2      |

**METHOD OF PAYMENT (check one)**

|                                                     |                                      |                                      |                                |                               |
|-----------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Check                      | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Deposit Account |                                      |                                      |                                |                               |

Deposit Account Number: 08-1641

|                       |                                     |
|-----------------------|-------------------------------------|
| Deposit Account Name: | Heller Ehrman White & McAuliffe LLP |
|-----------------------|-------------------------------------|

**The Commissioner is authorized to:** *(check all that apply)*

☒ Charge fee(s) indicated below☒ Credit any overpayments and charge any deficiencies☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, **except for the filing fee** to the deposit account.**FEE CALCULATION (continued)**

|                                                                                              |                   |                 |
|----------------------------------------------------------------------------------------------|-------------------|-----------------|
| <b>4. PETITION FEES UNDER 37 CFR 1.17 (f)</b>                                                |                   | <b>Fee Paid</b> |
| Fee Code: 1462                                                                               | <b>Fee \$ 400</b> |                 |
| For petitions filed under:<br>§ 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b) |                   |                 |

| 5. PETITION FEES UNDER 37 CFR 1.17 (g) |            |                                                                                                                                                              | Fee Paid |
|----------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Fee Code: 1463                         | Fee \$ 200 | For petitions filed under:<br>§ 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25 |          |

| 6. PETITION FEES UNDER 37 CFR 1.17 (h)                              |            |                            | Fee Paid |
|---------------------------------------------------------------------|------------|----------------------------|----------|
| Fee Code: 1464                                                      | Fee \$ 130 | For petitions filed under: |          |
| § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314 |            |                            |          |

| 7. PROCESSING FEES UNDER 37 CFR 1.17 (i)                                                                                                                                                                                                                  | Fee Paid |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Fee Code: 1808 (1803 for § 1.221) Fee \$ 130</b> For petitions filed under:<br>§ 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); §<br>1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); §<br>1.497(d); § 3.81 |          |

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

|                      | FILING FEES           |                             | SEARCH FEES           |                             | EXAMINATION FEES      |                             |                   |
|----------------------|-----------------------|-----------------------------|-----------------------|-----------------------------|-----------------------|-----------------------------|-------------------|
| Applicati<br>on Type | Entity<br>Fee<br>(\$) | Small<br>Entity<br>Fee (\$) | Entity<br>Fee<br>(\$) | Small<br>Entity<br>Fee (\$) | Entity<br>Fee<br>(\$) | Small<br>Entity<br>Fee (\$) | Fees<br>Paid (\$) |
| Utility              | 300                   | 150                         | 500                   | 250                         | 200                   | 100                         |                   |
| Design               | 200                   | 100                         | 100                   | 50                          | 135                   | 65                          |                   |
| Plant                | 200                   | 100                         | 300                   | 150                         | 160                   | 80                          |                   |
| Reissue              | 300                   | 150                         | 500                   | 250                         | 600                   | 300                         |                   |
| Provisional          | 200                   | 100                         | 0                     | 0                           | 0                     | 0                           |                   |
| SUBTOTAL (1)         |                       |                             |                       |                             | \$ 0.00               |                             |                   |

## 2. EXTRA CLAIM FEES

| Entity Fee (\$) | Small Entity Fee (\$) | Fee Description                                                                                                 |
|-----------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| 50              | 25                    | Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent    |
| 200             | 100                   | Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent |
| 360             | 180                   | Multiple dependent claim, if not already paid                                                                   |

| Extra Claims       |    |         |   |   | Fee from above | Fee Paid |      |
|--------------------|----|---------|---|---|----------------|----------|------|
| Total Claims       | 48 | -48** = | 0 | x | 0.00           | =        | 0.00 |
| Independent Claims | 1  | -3** =  | 0 | x | 0.00           | =        | 0.00 |

**\*\*or number previously paid, if greater; For Reissues see below**

## Multiple Dependent

|  |              |         |
|--|--------------|---------|
|  | SUBTOTAL (2) | \$ 0.00 |
|--|--------------|---------|

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the a whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets |        | Extra Sheets |       | Number of each additional 50 | Fee (\$) |    | Small Entity Fee (\$) |
|--------------|--------|--------------|-------|------------------------------|----------|----|-----------------------|
|              | -100 = |              | /50 = |                              | x 250    | OR | x 125                 |

## 8. OTHER FEES

| Entity Fee (\$) | Entity Fee (\$) | Fee Description                                                | Fee Paid |
|-----------------|-----------------|----------------------------------------------------------------|----------|
| 130             | 65              | Surcharge - late filing fee or oath                            |          |
| 50              | 25              | Surcharge - late provisional filing fee or cover sheet         |          |
| 130             | 130             | Non-English specification                                      |          |
| 2,520           | 2,520           | For filing a request for <i>ex parte</i> reexamination         |          |
| 920*            | 920*            | Requesting publication of SIR prior to Examiner action         |          |
| 1,840*          | 1,840*          | Requesting publication of SIR after Examiner action            |          |
| 120             | 60              | Extension for reply within first month                         |          |
| 450             | 225             | Extension for reply within second month                        |          |
| 1,020           | 510             | Extension for reply within third month                         | 510.00   |
| 1,590           | 795             | Extension for reply within fourth month                        |          |
| 2,160           | 1,080           | Extension for reply within fifth month                         |          |
| 500             | 250             | Filing a brief in support of an appeal                         |          |
| 790             | 395             | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 1,510           | 1,510           | Petition to institute a public use proceeding                  |          |
| 500             | 250             | Petition to revive - unavoidably abandoned application         |          |
| 1,500           | 750             | Petition to revive - unintentionally abandoned application     |          |
| 50              | 50              | Processing fee for provisional apps (37 CFR 1.17(q))           |          |
| 180             | 180             | Submission of Information Disclosure Statement                 |          |
| 1,000           | 500             | Request for oral hearing                                       |          |
| 790             | 395             | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 790             | 395             | Request for Continued Examination (RCE)                        |          |
| 900             | 900             | Request for expedited examination of a design application      |          |

Other fee (specify)

|                             |                  |
|-----------------------------|------------------|
| <b>SUBTOTAL (4+5+6+7+8)</b> | <b>\$ 510.00</b> |
|-----------------------------|------------------|

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

|                      |                          |
|----------------------|--------------------------|
| Name<br>(Print/Type) | Shawnmarie Mayrand-Chung |
|----------------------|--------------------------|

Registration No.  
(Attorney/Agent)

48,986

*Signature*

Date \_\_\_\_\_

Complete (if applicable)

|                  |              |
|------------------|--------------|
| <i>Telephone</i> | 202-912-2000 |
|------------------|--------------|

|              |       |
|--------------|-------|
| Customer No. | 26633 |
|--------------|-------|



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005<br>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      |                  | Docket Number (Optional) |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--|-----|------------------|--|--------------------------------------------------------|--------|-------|----------|---------------------------------------------------------|--------|--------|----------|----------------------------------------------------------------------|---------|--------|------------------|----------------------------------------------------------|---------|--------|----------|----------------------------------------------------------|---------|---------|----------|
| In re Application of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | David M. GOLDENBERG                                                                                                                  |                  |                          |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 09/921,290                                                                                                                           | Filed            | August 3, 2001           |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IMMUNOTHERAPY OF MALIGNANT AND AUTOIMMUNE DISORDERS IN DOMESTIC ANIMALS USING NAKED ANTIBODIES, IMMUNOCONJUGATES AND FUSION PROTEINS |                  |                          |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1642                                                                                                                                 | Examiner         | Alana M. HARRIS          |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120</td><td>\$ 60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450</td><td>\$ 225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 1020</td><td>\$ 510</td><td>\$ <b>510.00</b></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ 1590</td><td>\$ 795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 2160</td><td>\$ 1080</td><td>\$ _____</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b></p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>08-1641</b>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>48,986</b></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p><u>3/14/05</u><br/>Date</p> <p><u>Shawnmarie Mayrand-Chung</u><br/>Signature</p> <p><b>202-912-2000</b><br/>Telephone Number</p> <p><u>Shawnmarie Mayrand-Chung</u><br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of _____ forms are submitted.</p> |                                                                                                                                      |                  |                          |  | Fee | Small Entity Fee |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120 | \$ 60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 450 | \$ 225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1020 | \$ 510 | \$ <b>510.00</b> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1590 | \$ 795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2160 | \$ 1080 | \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fee                                                                                                                                  | Small Entity Fee |                          |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ 120                                                                                                                               | \$ 60            | \$ _____                 |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 450                                                                                                                               | \$ 225           | \$ _____                 |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ 1020                                                                                                                              | \$ 510           | \$ <b>510.00</b>         |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ 1590                                                                                                                              | \$ 795           | \$ _____                 |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ 2160                                                                                                                              | \$ 1080          | \$ _____                 |  |     |                  |  |                                                        |        |       |          |                                                         |        |        |          |                                                                      |         |        |                  |                                                          |         |        |          |                                                          |         |         |          |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.